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TELEFAX

Date: October 14, 2005 **Total pages:** 13 including cover
To: US PTO **Telephone:** **Telefax:** 571-273-8300
From: Rivka Monheit **Telephone:** 404-879-2152 **Telefax:** (404) 879-2160
Our Docket No. AI 9248 US **Client/Matter No.** 095172/00003
Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Michael Cowley, Roger Cone, Malcolm James Duncan Low, Andrew Butler, Stephen Robert Bloom, Caroline Jane Small, Rachel Louise Batterham, Mohammed Ali Ghatei

Serial No.: 10/501,411

Group Art Unit: 1616

US National

Filing Date: July 12, 2004

371 Filing

Date: July 7, 2005

Examiner:

For: *MODIFICATION OF FEEDING BEHAVIOR USING PPY AND GLP-1*

Attachments:

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/21

Request for Corrected Filing Receipt

Marked-up copy of Filing Receipt

Copy of Application Data Sheet

{45061183.1}

OCT 14 2005

PTO/SB/21 (08-04)

Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number

10/501.411

Filing Date

July 12, 2004

First Named Inventor

Michael Cowley

Art Unit

1616

Examiner Name

Attorney Docket Number

AI 9248 US

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):Request for Corrected Filing
Receipt; copy of Filing Receipt
showing changes; and copy of
Application Data Sheet**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Pabst Patent Group LLP

Signature

Rivka D. Monheit

Printed name

Rivka D. Monheit

Date

October 14, 2005

Reg. No.

48,731

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Carla Stone

Typed or printed name

Carla Stone

Date

October 14, 2005

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/501,411
Filing Date	July 12, 2004
First Named Inventor	Michael Cowley
Examiner Name	
Art Unit	1616
Attorney Docket No.	AI 9248 US

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = <u>0</u> x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = <u>0</u> x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

SUBMITTED BY

Signature	<u>Rivka D. Monheit</u>	Registration No. (Attorney/Agent)	48,731	Telephone	(404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date	October 14, 2005		

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